MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

63-021962

318 1003 5371

Registration District No. Primary Registration District No. Registrar's No. STATE FILE NUMBER

DO NOT WRITE ON THIS STUB — AMENDED

VS 300
Rev. 4/59

FILED MAY 27 1963

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: DePaul Hospital
Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before — admission)
a. STATE: Mo. b. COUNTY: St. Louis
c. CITY OR TOWN: St. Louis, 20
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): 4721 Begg -
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First — Middle — Last: Meyer

4. DATE OF DEATH: Month 5 Day 19 Year 63

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☑ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 5-19-63

9. AGE (last birthday)

IF UNDER 1 YEAR: Months — Days
IF UNDER 24 HR: Hours 2 Min. 27

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country): St. Louis Mo

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Thomas Meyer

13b. MOTHER'S MAIDEN NAME: Betty Callahan

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of s

16. SOCIAL SECURITY NO.

17. INFORMANT: Betty Meyer, 4721 Begg
Address

18. CAUSE OF DEATH (Enter only one cause per l
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Prematur
DUE TO (b): Atelectasis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (c): 762.5

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.
☐ Yes ☐ No ☐ Unknown

MEDICAL CERTIFICATION

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 5/19/63 5:4[illegible] to 5/19/63 8:08 AM and last saw her/him alive on 5/19/63
Death occurred at 8:08 A.M. 5/19/63 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)

22b. ADDRESS: Natl. Med. Bldg.

22c. DATE SIGNED: 5/19/63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 5/20/63

23c. NAME OF CEMETERY OR CREMATORY: Calvary

23d. LOCATION (City, town, or county) (State): St. Louis Mo.

24. FUNERAL DIRECTOR ADDRESS: Cullen & Kelly 7767 Natl. Bldg.

25. DATE RECD. BY LOCAL REG.: MAY 20 1963

26. REGISTRAR'S SIGNATURE: Hoad Smith M.D.

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1			
2	H0003	8	
3			
4		0	
5		0	
6			
7		0	
8		2	
9			
10			
11			
12		59-0	
13			

59

BY AFFIDAVIT OF DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Not Embalmed, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Edw. P. Graham

Licensed Embalmer No._____

P. O. Address_____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.